

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

| | | |
|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation FEMINIST MAJORITY | | 3. FEC Identification Number C C90010646 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1600 WILSON BLVE SUITE 801 | | |
| (c) City, State and ZIP Code ARLINGTON VA 22209 | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | |

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report☐ July 15 Quarterly Report☒ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☐ No ☒ Yes, it amends the report filed onMM / DD / YYYY
03 / 04 / 2016

5. COVERING PERIOD:

FROM

MM / DD / YYYY

THROUGH

MM / DD / YYYY

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

1760.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Gaylynn Burroughs

SIGNATURE

Gaylynn Burroughs

DATE

[Electronically Filed]

04/15/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

FEMINIST MAJORITY

Full Name (Last, First, Middle Initial) of Payee
Jennifer Byrd

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 26 / 2016

Mailing Address 3000 Commonwealth Ave.

Amount

City State Zip Code
Charlotte NC 28205

1760.00

Transaction ID : F57.4259

Purpose of Expenditure
Paid Distribution - Another Feminist for HillaryCategory/
TypeOffice Sought: ☐ House State: NC
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
HILLARY RODHAM CLINTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2222.89Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1760.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶ 1760.00
(carry total from last page forward to Line 7)